

Have a Regular Doctor

Name	Have a Regular Doctor
Short/Other Names	Percentage of Population With a Regular Medical Doctor
Description	The percentage of the population that reported having a regular medical doctor
Interpretation	Higher percentages are desirable.
HSP Framework Dimension	Health System Outputs: Access to comprehensive, high-quality health services
Areas of Need	Getting Better
Geographic Coverage	All provinces/territories
Reporting Level/Disaggregation	National, Province/Territory, Region
Indicator Results	Accessing Indicator Results on Your Health System: In Depth

Identifying Information

Name	Have a Regular Doctor
Short/Other Names	Percentage of Population With a Regular Medical Doctor
Indicator Description and Calculation	

Description	The percentage of the population that reported having a regular medical doctor Population age 12 and older who reported that they have a regular medical doctor divided by the total population age 12 and older
Calculation: Description	Population estimates are based on weighted survey responses to reflect the total population.
Calculation: Geographic Assignment	Place of residence
Calculation: Type of Measurement	Percentage or proportion
Calculation: Adjustment Applied	None
Calculation: Method of Adjustment	Not applicable
Denominator	Description: Population age 12 and older (based on weighted survey responses) Exclusions: Non-response categories (refusal, don't know and not stated) are excluded as of 2009. Description:
Numerator	Population age 12 and older who reported that they have a regular medical doctor (based on weighted survey respondents)

Background, Interpretation and Benchmarks

Rationale	For many Canadians, the first point of contact for medical care is their doctor. Having a regular doctor may be associated with more comprehensive care, and improving access to primary care physicians has been a policy objective for most jurisdictions. Being without a regular medical doctor is associated with fewer visits to general practitioners or specialists, who can play a role in the early screening and treatment of medical conditions. Factors affecting whether one has a regular medical doctor include age and sex. In 2014, the most common reason respondents gave for not having a regular doctor was that they had not looked for one.
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Interpretation	Higher percentages are desirable.
HSP Framework Dimension	Health System Outputs: Access to comprehensive, high-quality health services
Areas of Need	Getting Better
Targets/Benchmarks	Not applicable

References	Canadian Institute for Health Information. <i>Experiences With Primary Health Care in Canada</i> . 2009. Commonwealth Fund. International Survey Data Center . Accessed September 9, 2016. Statistics Canada. Access to a regular medical doctor 2014 . Accessed September 6, 2017.
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Availability of Data Sources and Results	St-Pierre M, Béland Y. <i>Mode effects in the Canadian Community Health Survey: A comparison of CAPI and CATI</i> . 2004. <i>Proceedings of the American Statistical Association Meeting</i> . 2004.
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Data Sources	CCHS, Statistics Canada, Commonwealth Fund (2013) Type of Year: Calendar First Available Year:
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Available Data Years	2003 Last Available Year: 2014
Geographic Coverage	All provinces/territories
Reporting Level/Disaggregation	National, Province/Territory, Region
Result Updates	
Update Frequency	Every year
Indicator Results	Web Tool: Your Health System: In Depth URL: Accessing Indicator Results on Your Health System: In Depth
Updates	Not applicable
Quality Statement	<p>Regional-level results for Nova Scotia are not available. In 2014, the <i>Health Authorities Act</i> passed by the Nova Scotia legislature consolidated the 10 district health authorities into 2 (1 provincial health authority with 4 management zones, and the IWK Health Centre). Canadian Community Health Survey (CCHS) data was not available for the new health authority boundaries.</p> <p>The data year reflects the CCHS survey cycle. Prior to 2007, data for the CCHS was collected every 2 years, involving a sample of 130,000 respondents. In 2007, the survey transitioned to a yearly collection cycle, involving a sample of 65,000 respondents.</p> <p>Some values have data quality flags that indicate "use with caution" or "suppressed" due to high coefficients of variation: health regions with small populations and results disaggregated by age group or sex within small regions.</p> <p>The 2-year combined data has higher precision (less variability) than annual estimates. Users should refer to the annual CANSIM Table 105-0501 as the source for 2014 yearly CCHS estimates, as well as to obtain data from previous years. However, where data quality flags indicate suppression (F) or higher variability (E), the 2-year CANSIM Table 105-0502 should be used. Self-reported data is subject to bias.</p>
Caveats and Limitations	<p>The CCHS covers the population age 12 and older living in the 10 provinces and 3 territories. Excluded from the survey's coverage are</p> <ul style="list-style-type: none"> – Persons living on reserves and other Aboriginal settlements in the provinces – Full-time members of the Canadian Forces – The institutionalized population – Persons living in 2 Quebec health regions: Nunavik Health Region and Terres-Cries-de-la-Baie-James Health Region <p>Altogether, these exclusions represent less than 3% of the target population.</p>
Trending Issues	<p>In the North, the frame for the CCHS covers 92% of the target population in Yukon, 96% in the Northwest Territories and 92% in Nunavut. Before 2013, coverage in Nunavut was 71%.</p> <p>In 2005 and 2003, the indicator in French included only "médecin de famille." Starting in 2007, this concept was widened to "médecin régulier," which includes "médecin de famille."</p> <p>A low percentage may be related to the use of options other than a doctor's office. In the territories, a nurse practitioner is often used as the first point of medical contact, rather than a medical doctor.</p> <p>Data on the use of different types of regular places of care is limited, as this is not tracked in the CCHS. In 2008, according to the Canadian Survey of Experiences With Primary Health Care, 91% of adults reported that they have a regular place they usually go to if they are sick or need advice about their health. Most reported this to be a doctor's office (clinic or practice) (78%), while 17% went to a walk-in clinic, centre local de services communautaires (CLSC) or community health centre (CHC).</p> <p>Where use of clinics, CLSCs and CHCs as regular places of care is high, a relatively low percentage having a regular medical doctor might not reflect poor access to primary care.</p>
Comments	<p>Individuals may also have a nurse practitioner as their regular primary care provider and not have a regular medical doctor.</p> <p>An age-standardized estimate is also reported for the provinces/territories (using the direct method, standard Canadian population 1996) in CANSIM Table 105-0503.</p> <p>Indicator results are also available on</p> <ul style="list-style-type: none"> • Your Health System: In Brief (http://yourhealthsystem.cihi.ca/inbrief/?lang=en#!/indicators/001/have-a-regular-doctor) • OECD Interactive Tool (https://www.cihi.ca/en/health-system-performance/performance-reporting/international/oecd-interactive-tool-international)